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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6138

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution from Nov 2, 1940 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain X
(c) City or town Centralia Mo Rural O
(If outside city or town limits, write "RURAL")
(d) Street No. O
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mary Leta Rodibaugh
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F. C. Rodibaugh
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Oct (Month) 4 (Day) 1901 (Year)

8. AGE: Years 39 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Audrain Co., Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name C. R. Jones
13. Birthplace Va (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nannie G. Settle
15. Birthplace Monroe, Co., Mo (City, town, or county) (State or foreign country)
16. (a) Informant F. C. Rodibaugh
(b) Address Centralia Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Mo. Cem
18. (a) Signature of funeral director M McDonald
(b) Address Centralia Mo 23
19. (a) 3/19-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1941 hour 10:20 minute P M.
21. I hereby certify that I attended the deceased from Aug 12, 1940 to March 18, 1941; that I last saw her alive on March 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypoadrenalism (Addison's disease)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature H C Brashear (M. D. or other) O.M.D.
Address Mexico, Mo Date signed 3/18/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2589

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.